

# 2014 Youth Serve Montana Scholarship

Presented by the Governor's Office of Community Service, Montana Campus Compact, and Student Assistance Foundation

Recognizing Montana high school senior students for volunteering in their communities

The Youth Serve Montana Scholarship was created to promote volunteerism among high school students, encourage young leaders to further their learning, and provide tuition assistance for Montana students who wish to attend college in-state. Up to 100 students will receive a \$1,000 scholarship toward their college tuition. Scholarship funds have been made available through support from Montana Campus Compact, a network of Montana campuses committed to community service; Student Assistance Foundation, a nonprofit dedicated to helping students pursue and fund postsecondary education; and the Governor's Office of Community Service, a state agency tasked with expanding and promoting service in Montana. The Governor's Office of Community Service administers the scholarships.

All scholarship information and application materials can be obtained online at <u>serve.mt.gov.</u> A list of Montana Campus Compact Institutions is available at <u>mtcompact.org</u>.

### **General Guidelines**

Applicant must submit a completed application and proof of acceptance to one of Montana's Campus Compact member institutions to the Governor's Office of Community Service by April 15, 2014.

- Applicant must have completed 100 hours of volunteer service within a 12-month period. 12-months is defined as the period 12 months prior to the date of application.
- AmeriCorps hours may not be used for this application's service hours.
- Scholarship funds must be used for the 2014-2015 academic year at a Montana Campus Compact member institution.
- Students must demonstrate financial need by documenting an active FAFSA (Free Application for Federal Student Aid) application.







### 2014 Scholarship Application Form

Please be sure this section is complete and legible. If information is missing, illegible, or if the student is not of high school senior status the form will not be accepted. Your application must also include proof of acceptance or enrollment at a Montana Campus Compact member institution and confirmation of a submitted FAFSA application. Postmarked deadline: April 15, 2014.

### **Student Information:**

| First Name and  |  | Last Name                             |                         |
|---|--|---------------------------------------|-------------------------|
| Middle Initial  |  |                                       |                         |
| Mailing Address   |  |                                       |                         |
| City  |  | State and Zip                         |                         |
| Student's Email Address   |  |                                       |                         |
| Home Phone  |  | Birth Date                            |                         |
| Social Security Number  |  |                                       |                         |
| (required)  |  |                                       |                         |
| College or University   |  |                                       |                         |
| Attending*  |  |                                       |                         |
| *Please list a Montana Camp<br>to-date list of participating co | ous Compact Member Institut<br>olleges and universities.                         | ion. Visit <u>mtcompact.c</u>         | org for a complete, up- |
| Publicity Release (Options                                      | <u>11):</u>  |                                       |                         |
| Community Service, Monto  | e a Youth Serve Montana S<br>ana Campus Compact an<br>name of my school for purp | d Student Assistance                  | e Foundation may use    |
| Date: Stude   | ent Signature:   |                                       |                         |
| Parent/Guardian Signature**:                                    |  | (**if student is not 18 years of age) |                         |
| Contact Information Relea                                       | ase (Optional):  |                                       |                         |
|   | ail updates from the Gove<br>act about future service an                         |                                       | •                       |
| YesNo   |  |                                       |                         |
| First-Generation College St                                     | tudent (Optional):   |                                       |                         |
| "I am the first member of n                                     | ny family attending a colle  | ge or university."                    |                         |
| YesNo   |  |                                       |                         |
|   |  |                                       |                         |

### Student Service Information:

Please list your volunteer service experience, totaling 100 hours at minimum, within the past 12 months. The past 12 months are defined as the period 12 months prior to the date this form is completed. Please attach additional sheets if needed.

### <u>Prohibited scholarship program activities</u>

For more details on allowable and prohibited activities, please see the FAQ. Hours dedicated to the following activities cannot be counted toward the 100 hours:

- Efforts to influence policy and legislation;
- Participating in, or endorsing events or activities that are likely to include advocacy for or against political parties, platforms, candidates, or elected officials;
- Engaging in religious instruction, conducting worship services, providing instruction as part of a program that conducts worship services, constructing, operating, or maintaining facilities devoted to religious instruction or worship, or engaging in any form of religious proselytization.

| Total number of hours served in the past 12 months |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
| Name of organization where                         |  |  |  |  |
| you volunteered                                    |  |  |  |  |
| Contact name at the                                |  |  |  |  |
| organization                                       |  |  |  |  |
| Phone number                                       |  |  |  |  |
| Total hours served                                 |  |  |  |  |
| Detailed description of the                        |  |  |  |  |
| service activity that you                          |  |  |  |  |
| performed  |  |  |  |  |
| Description of who benefited                       |  |  |  |  |
| from your service activity                         |  |  |  |  |
|  |  |  |  |  |
| Name of organization where                         |  |  |  |  |
| you volunteered                                    |  |  |  |  |
| Contact name at the                                |  |  |  |  |
| organization                                       |  |  |  |  |
| Phone number                                       |  |  |  |  |
| Total hours served                                 |  |  |  |  |
| Detailed description of the                        |  |  |  |  |
| service activity that you                          |  |  |  |  |
| performed  |  |  |  |  |
| Description of who benefited                       |  |  |  |  |
| from your service activity                         |  |  |  |  |
|  |  |  |  |  |
| Name of organization where                         |  |  |  |  |
| you volunteered                                    |  |  |  |  |

| Contact name at the          |  |
|------------------------------|--|
| organization                 |  |
| Phone number                 |  |
| Total hours served           |  |
| Detailed description of the  |  |
| service activity that you    |  |
| performed                    |  |
| Description of who benefited |  |
| from your service activity   |  |

### Narrative Questions:

| Please answer the following questions about responses to less than 300 words each. | your commitment to serve. Please limit your |
|--|---|
| What factors motivate you to voluntee commitment to service in the future?         | r and how do you plan to continue your      |

|   | commitment to service in the future?  |
|---|---|
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|   |   |
| ! |   |
|   | 2. How has your volunteer work positively impacted the community around you and how has your service experience impacted you personally? Please reference the service |
| ı | activities listed on the previous page.   |
|   |   |
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### **Application Verification:**

This application must be verified by your high school guidance counselor, principal, or superintendent. Applications from home schooled students must be verified by the county superintendent.

Please provide the name and contact information of your counselor, principal or superintendent:

| Name:  |  |
|--|--|
| Position:  |  |
| Phone:   |  |
| Email:   |  |
| hours of service to the conthe information on this formation on this formation on this formation and the commended did not distance, political affiliation or the validating official's signature. | ne) has completed at least 100 nmunity and displays outstanding leadership in service. I certify that in is accurate and that the process by which the student was criminate on the basis of race, color, national origin, disability, sex, religion." |
| Full Name of High School:  |  |
| School Address:  |  |
| City, State, Zip   |  |
| Contact Name:  |  |
| Contact Email:   |  |
| School Phone Number:   |  |
|  | •  |

Date of your school's award ceremony \_\_\_\_/14 (To ensure a certificate is mailed in time for award ceremony.)

The final postmark for submitting application forms is April 15, 2014. If faxed, please confirm your application by email or phone.

| DIACCA  | chack to | maka sura y | vour application | nackada is               | completel It   | should include:     |
|---------|----------|-------------|------------------|--------------------------|----------------|---------------------|
| 1 10030 | CHECKIO  | HIGKE SUIC  |                  | I DUCKUU <del>C</del> 13 | COLLIDIGIE: II | 31 IOUIG II IOIGGE. |

|  | A legible and | d complete | application | form. |
|--|---------------|------------|-------------|-------|
|--|---------------|------------|-------------|-------|

- Description of 100 volunteer service hours in the last 12 months.
- □ Verification from your high school counselor, principal, or superintendent.
- □ Proof of acceptance or enrollment for the 2014-2015 academic year at a Montana Campus Compact member institution. Please attach a letter from the institution.
- Proof that you have submitted a Free Application for Federal Student Aid (FAFSA). Please attach the FAFSA confirmation email that you receive after completing a FAFSA at www.fafsa.ed.gov. It should contain a confirmation number and no confidential information.

Please refer to the Youth Serve Montana Scholarship FAQ posted at <u>serve.mt.gov/youth-servemontana/</u> if you have questions about any of these items.

### Send completed application to:

Governor's Office of Community Service Attn: Youth Serve Montana Scholarship P.O. Box 200801, Helena, MT 59620

Email: serve@mt.gov Phone: 406-444-9077 Fax: 406-444-4418 Website: serve.mt.gov

# Thank you for serving your community!

